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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/565,492			ing Date 23/2006	To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY				HER THAN ALL ENTITY
FOR			NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		ı	N/A	150	1	N/A	
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A	N/A		N/A		N/A	250	]	N/A	
(37 CFR 1.16(a), (p), or (q))			N/A		N/A			N/A	100		N/A	
TOTAL CLAIMS (37 CFR 1.16(i))			10 minus 20 =		• 0		П	X \$25 =	0	OR	x \$ =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))			1 minus 3 =		• 0			X \$100 =	0		x \$ =	
	APPLICATION SIZE 37 CFR 1.16(s))	FEE sh is ad 35	eets of pap \$250 (\$125 ditional 50 U.S.C. 41(	ation and drawings exceed 100 per, the application size fee due 5 for small entity) for each sheets or fraction thereof. See (a)(1)(G) and 37 CFR 1.16(s).								
ш	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL	500	J	TOTAL	L
APPLICATION AS AMENDED – PART II  (Column 1) (Column 2) (Column 3) SMALL ENTITY										OTHER THAN OR SMALL ENTITY		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**				x \$ =		OR	x s =	
	Independent (37 CFR 1.16(h))	•	Minus	***			ı	x \$ =		OR	x s =	
Ž	Application Size Fee (37 CFR 1.16(s))											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT		CLAIMS REMAINING AFTER AMENDMEN		NUM PREV	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16(1))		Minus				ı	x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))		Minus	***			l	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))									]		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR		
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
** 16	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "liquide Number Perviously Paid For IN TIMS SPACE is less than 20, enter "20".  "If the "Highest Number Perviously Paid For IN TIMS SPACE is less than 3, enter "2".  "If the "Highest Number Perviously Paid For IN TIMS SPACE is less than 3, enter "3".  The "Highest Number Perviously Paid For IN TIMS SPACE is less than 3, enter "3".											

This collection of information is orquined by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public with in its in following process) an application Confidentiality is operand by 38 US 6.2. 22 and 37 CFR 1.4. This collection is estimated to the 82 trainware to complete, encluding pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the CERF (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.